

**CRITERIA FOR PRIOR AUTHORIZATION**

Xiidra® (lifitegrast ophthalmic solution)

**PROVIDER GROUP** Pharmacy

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Lifitegrast ophthalmic solution (Xiidra®)

**CRITERIA FOR APPROVAL FOR LIFITEGRAST** (must meet all of the following):

- Patient must have a diagnosis of dry eye disease (DED)
- Must be prescribed by or in consultation with an ophthalmologist
- Patient must be 18 years of age or older

**LENGTH OF APPROVAL:** 6 months

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DRUG UTILIZATION REVIEW COMMITTEE CHAIR

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PHARMACY PROGRAM MANAGER  
DIVISION OF HEALTH CARE FINANCE  
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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